F24000006351

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

K. SALY DEC 16 2024



900439611289

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-6051 FROM : Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 12/13/2024

PRIORITY Regular Approval

OUR REF_#_(Order_ID#), 1327921

ORDER ENTITY HAPPY NUMBERS INC.

PLEASE	PERFORM	THE	<u>FOLLO</u>	WING	SERVIC	ES:
11400	CALLISABED	A 111A				

HAPPY NUMBERS INC. (FL)

File the attached foreign qualification document, and provide a certified copy and certificate of status.

NOTES:

\$87.50 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, December 13, 2024 Page 1 of 1

COVER LETTER

TO:		tration Section ion of Corporations			
SUBJ	ECT:	Happy Numbers Inc.			
., 0		Name	of corporation	ı - must include suffix	
Dear S	ir or M	adam:			
"Certi	ficate o	"Application by Foreign C Existence," or "Certificate ced foreign corporation to t	e of Good Star	nding" and check are sub	
Please	return .	all correspondence concern	ing this matter	r to the following:	
Marie	Umnano	va			
			Name of	Person	
Нарру	Numbe	rs Inc.			
			Firm/Con	npany	
2261 N	Aarket S	treet STE 22178			
		· -	Addr	ess	
San Fr	ancisco,	California 94114			
			City/State a	ind Zip code	
arfs@i	neserv.c	om			
		E-mail addres	s: (to be used	for future annual report r	notification)
For fu	ther in:	ormation concerning this r	natter, please o	call:	
			at ()	
	Name	e of Person	at (Area Cod	e Daytime Telep	hone Number
	Regis Divis The C 2415	EET/COURIER ADDREST tration Section on of Corporations Tentre of Tallahassee N. Monroe Street, Suite 81 hassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7
Please		check for the following am eck payable to: FLORIDA D ng Fee	EPARTMENT ng Fee & [T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Happy Numbers	clue. orporation; must include "INCORPORATE!	ID " "COMBANY " "CODBOD ATIONS"	
	orporation; must include "ENCORPORATE! orp," "Inc," "Co," or "Corp.")	D. COMPANY, CORPORATION,	
	• • • • • • • • • • • • • • • • • • • •		
(If name unavail	able in Florida, enter alternate corporate nam	me adopted for the purpose of transacting business in Florida)	
Delaware	3 46-5398100		
(State or countr	Delaware 3. 46-5398100 (State or country under the law of which it is incorporated) (FEI number, if applicable)		
04/15/2014			
(Date	of incorporation)	5(Date of duration, if other than perpetual)	
		s in Florida, if prior to registration)	
22/11/11/11/05		7.1502, F.S., to determine penalty liability)	
220 F Market Sire	ret, STE 22178, San Francisco, California 94		
	(Principal o	office <u>street</u> address)	
		72 11 - 2 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1	
	(Current mai	iling address, if different)	
Name and etro	et address of Florida registered agent: (P	D.O. Bay, MOT governtables	
rame and sire		···O. Box <u>NOT</u> acceptancy	
Name:	Incorporating Services, Ltd.	<u></u>	
ttīce Address:	1540 Glenway Drive	P.O. Box NOT acceptable) Florida 32301	
	Tallahassee	Florida	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Melisse A. Mucleu
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

Docusign Envelope ID: 8554965F-6373-416E-9572-518876E647A1

A. DIRECTORS Name: ____ Richard Allan Horning \square Chairman □ Chairman Deuberrainweg 8 3001 Bridgeway, Ste 312 □ Vice Chairman □ Vice Chairman Address: Freienbach, 8807, Switzerland Sausalito, California 94965 Director □ Director President □ President □ Vice President □ Vice President □ Secretary ☐Treasurer □ Secretary □Treasurer Asst. Secretary ■Other ____ □Other _____ □Other ____ □ Chairman Name: ☐ Chairman Name: ____ □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □ President President □ Vice President □ Vice President □Treasu □ Secretary □Treasurer □ Secretary □Other _____ □Other _____ □Other ____ □ Chairman ☐ Chairman Name: _____ Name: □Vice Chairman Address: _____ □ Vice Chairman Address: □ Director □Director □ President □President □Vice President _ □Vice President □ Sucretary ☐Treasurer □ Secretary □Treasurer □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the undex when filing your Florida Department of State Annual Report form. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Evgeny Milyutin, CEO, P. Director

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HAPPY NUMBERS INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HAPPY NUMBERS INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

PILEU
2024 DEC 13 PM 4: 38

Authentication: 205105225

Date: 12-11-24

5516953 8300 SR# 20244464647